

FILED JUN 25 1957

STANDARD CERTIFICATE OF DEATH

20672
STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 5446 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Gentry			
b. CITY (If outside corporate limits, give TOWNSHIP only) Cooper Twn.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Stanberry		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Cooper Twn.		Length of stay in 1b		d. STREET ADDRESS 3 mi. S.E. of Stanberry		Reside on Farm No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Elbert Middle Sherman Last Shupe				4. DATE OF DEATH Month 6 Day 13 Year 1957			
5. SEX M		6. COLOR OR RACE W		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 4-25-1867	
9. AGE (In years last birthday) 90		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Bristol, Tenn.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Floyd Shupe		14. MOTHER'S MAIDEN NAME Unknown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT Allen E. Shupe		Address Stanberry, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour 4 a. m. 20 p. m. 13	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION King City, Mo.		20g. COUNTY Mo.	
21. I attended the deceased from death occurred at May 27, 1957 and last saw him alive on June 13, 1957		22. SIGNATURE (Degree or title) D. E. Blacklock M.D.		22b. ADDRESS King City, Mo.		22c. DATE SIGNED 6-14-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-15-1957		23c. NAME OF CEMETERY OR CREMATORY High Ridge		23d. LOCATION (City, town, or county) (State) Stanberry Mo.	
24. FUNERAL DIRECTOR John H. Shupe		25. DATE RECD. BY LOCAL REG. 6-16-1957		26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare			

(Licensed Embalmer's Statement on Reverse Side)

JUL 25 1987

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *R G Taggart*

Licensed Embalmer No. *25*

P. O. Address *King City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.